EXCELLENCE IN PATIENT CARE AND CANCER CONTROL

Saskatchewan
Cancer Agency

Annual Report
2004-05

RESEARCH

EDUCATION

TREATMENT

PREVENTION

EARLY DETECTION

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GOVERNANCE

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The Agency's goal is to reduce cancer incidence, morbidity and mortality through research, education, prevention and early detection, treatment and supportive care.

Pictured on the front cover, from left to right are the following staff from the Allan Blair Cancer Centre:

- Trent Edwards, Radiation Therapist
- Jolanta Krechowiecki, Radiation Therapist
- Donna Kish, Registered Nurse
- Joyce Raczynski, Social Worker

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LETTER OF TRANSMITTAL

The Honourable John T. Nilson, Q.C.
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Mr. Nilson:

As the Chairperson of the Saskatchewan Cancer Agency Board of Directors, I have the honour to submit herewith the report of the activities of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2005.

Respectfully submitted,

Gary Semenchuck

Mr. Gary Semenchuck
Chairperson

105-06571/

MISSION

To deliver effective and sustainable research, education, prevention, early detection, treatment, and supportive care programs for the control of cancer in Saskatchewan.

VISION

Excellence in patient care and cancer control.

VALUES [1]

Patient/family-driven focus - We strive to understand the needs of those we serve and to continuously improve our processes in response to those needs.

Holistic focus - We focus on the whole person addressing their physical, emotional, mental, social, spiritual and intellectual aspects of being.

Respect for people - We treat all people with respect and give them the opportunity to be involved. This applies to patients, staff, clients, the general public and our colleagues in the cancer control field.

Openness and trust - We listen and learn from each other in an open and trusting manner. We share information and knowledge with patients, clients, staff, the public and our colleagues.

Interdisciplinary approach - We focus on achieving our mission and vision by examining all points of view and welcoming all contributions of knowledge and insight.

Continuous learning and improvement - We continuously work to improve on everything we do and to deepen our understanding of our work and the conditions that affect it.

Collegiality and teamwork - We foster institutional pride and commitment, recognizing the contribution of our colleagues throughout the Agency. Our staff enjoy a working environment that is motivating, rewarding, collegial and characterized by teamwork.

Support for individual development - We evaluate what we do, focusing on outcomes and data-driven continuous improvement.

A spirit of inquiry - We value creativity, innovation, adaptability and critical inquiry because continuous improvement, a rewarding work environment, breakthrough in research and quality care depends on them.

Maintain a balance - We are committed to an effective balance between service, workload, academic activity and a commitment to the equitable distribution of resources.

Effective planning - We are committed to effective planning for the system as a whole and to effective decisions regarding the planning of the use of resources for our programs and services.

Collaboration with partners - We commit to working effectively with our partners provincially, nationally and internationally to achieve our mutual goals.

[1] These values were adapted from the values articulated by the BC Cancer Agency based on a national framework.

BOARD OF DIRECTORS

Gary Semenchuck (Chairperson)	Regina	Dr. William Albritton	Saskatoon
Audrey Ahenakew	Saskatoon	Dr. Fred Morris	Moose Jaw
Carol Beck	Prince Albert	Diana Ermel	Regina
Mary Gilliland	Saskatoon	Marion Heavin	Melfort
Dolores Herring	Weyburn	Don Leitch	Unity

(as of March 31, 2005)

Standing from left to right are Diana Ermel, Mary Gilliland, Dolores Herring and Marion Heavin. Seated from left to right are Carol Beck, Audrey Ahenakew, Gary Semenchuck and Don Leitch. Missing from the photo are Dr. William Albritton and Dr. Fred Morris.

MANAGEMENT COORDINATING COMMITTEE

Bob Allen	Chief Executive Officer	Dr. David Popkin	Executive Director Saskatoon Cancer Centre
Dennis Karakochuk	Executive Director Human Resources	Ivan Olfert	Associate Executive Director Saskatoon Cancer Centre
Judy Nurse	Executive Director Education & Corporate Affairs	Dr. Svein Carlsen	Executive Director Health Research
Dr. Ten Suan Goh	Executive Director Allan Blair Cancer Centre	Bill Morton	Executive Director Information Management
Huguette Gauthier	Associate Executive Director Allan Blair Cancer Centre	Kevin Lacey	Executive Director Finance
Lois Harrison	Executive Director Prevention & Early Detection		

(as of March 31, 2005)

REPORT OF THE CHAIRPERSON AND CHIEF EXECUTIVE OFFICER

It is our pleasure to provide the following report of activities for the Saskatchewan Cancer Agency during the 2004-05 fiscal year.

Board Membership

The Agency's Board of Directors is appointed by the Minister of Health and has representatives from the College of Physicians and Surgeons and the Canadian Cancer Society, as well as the Dean of the College of Medicine at the University of Saskatchewan. There is also representation across the province from business, cancer advocates and cancer survivors.

Medical Appointments

On recommendation of management, the Board approved the following medical appointments:

- **Allan Blair Cancer Centre**
  - Dr. Kurian Jones Thachuthara Joseph - Radiation Oncologist
  - Dr. Evgeny Sadikov - Radiation Oncologist
  - Dr. Shazia Mahmood - Radiation Oncologist

Saskatchewan Health Review

In January 2005 the Agency and Saskatchewan Health agreed to undertake a review of the mandate, governance and certain operations of the Agency. The Agency's current legislation is 25 years old and a review ensures it is relevant and accurately reflects the current cancer control environment. The Agency welcomed the review and looks forward to receiving the results, which will be forthcoming in the new fiscal year. The Agency is hopeful that the results will clearly define the roles and responsibilities between the Agency, RHAs, volunteer cancer groups and Saskatchewan Health in providing cancer services to Saskatchewan residents.

Integration of Action Plan for Saskatchewan Health Care

In December 2001 Saskatchewan Health unveiled *Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care.* The action plan is a blueprint for the future of health services in Saskatchewan. Emerging from the action plan were four long-term goals towards achieving a sustainable health system. To this end, we would like to highlight the Agency's progress under these four goals.

Goal One: Improved access to quality health services

- ***Long-term Capital Funding***
  Working with Saskatchewan Health, the Agency has been fortunate to receive capital equipment grants for the purpose of replacing aging treatment equipment. A new linear accelerator machine for radiation therapy treatment and necessary renovations have been approved for the Saskatoon Cancer Centre for implementation in 2005-06, as well as upgrades to treatment equipment at the Allan Blair Cancer Centre.

- ***Improving Access to Service***
  In last year's annual report under the Challenges and Future Directions section we identified that the Agency was planning to work with its health sector partners to identify gaps in the provision of cancer care services. Over the last year we partnered with the Health Quality Council (HQC) to map the flow of breast and prostate cancer patients through the cancer care continuum. Initiatives specific to this are scheduled to occur early in the next fiscal year.

Goal Two: Effective health promotion and disease prevention

- ***Prevention Program for Cervical Cancer***
  The Prevention Program for Cervical Cancer (PPCC) was introduced in the summer of 2003. Cervical cancer is one of the most preventable cancers. Approximately 95% of all cervical cancer is preventable if women have regular Pap tests. Increased knowledge and comfort levels, through the combined efforts of health care providers and the Agency's Prevention Program for Cervical Cancer (PPCC), will increase participation in regular Pap testing.

  In January 2004, the Saskatchewan Privacy Commissioner's Office (PCO) launched an investigation of the PPCC based on concerns raised by a small number of women regarding access to their health information. It is an Agency priority to ensure an appropriate balance between protecting the individual's right to privacy and providing effective program delivery.

  Over the next year, the Agency will work with regional health authorities, health care organizations (College of Physicians and Surgeons of Saskatchewan, Saskatchewan Medical Association, etc.) and Saskatchewan Health, to address the recommendations from the PCO. We will report on the Agency's response in next year's annual report.

Goal Three: Retain, recruit and train health providers

- ***Recruitment and Retention of Trained Specialists***
  The Agency spends considerable time and resources in recruiting specialists, particularly oncologists, from all corners of the world to ensure we have adequate numbers to provide quality services. These efforts have been successful, resulting in a full complement of oncologists at the two cancer centres.

- ***Patient Satisfaction Survey***
  In spring 2004, the Agency contracted the NRC + Picker Group to conduct a patient satisfaction survey. We joined forces with cancer agencies across Canada and the NRC + Picker Group to use a standardized patient questionnaire in order to compare results (see page 9 for further details).

- ***Competitive Compensation***
  The Agency is committed to a gender-neutral, equal pay for work of equal value workplace. The Joint Steering Committee completed the appeal process in spring 2003, and in September 2003 the Agency and the Saskatchewan Government Employees' Union (SGEU) signed a memorandum of agreement outlining the implementation of the Joint Pay Equity Job Evaluation Plan.

  A Joint Maintenance Committee has been established to maintain the in-scope job evaluation plan and to ensure the evaluation plan and its processes and procedures are applied fairly and consistently (see page 15 for further details).

Goal Four: A sustainable, efficient, accountable and quality health system

- ***Quality Improvement Program***
  Quality improvement, monitoring and public reporting of outcomes will continue to take on increased importance. Public expectation for greater accountability continues to rise. The Agency has taken a proactive approach to being more accountable for how we spend public health dollars and the effectiveness of our programs and services. Divisions within the Agency provide regular reports to the Agency's Board of Directors, as well as statistical information and accreditation follow-up.

- ***Quality of Care Coordinator***
  The Agency's Quality of Care Coordinator ensures that patients are well informed of their rights and options and assists them in resolving concerns they may have about their treatment or Agency services. Patient concerns are kept strictly confidential. The Board is provided with monthly reports and an annual report of patient concerns detailed by type of concern (access, cost, communication, care delivery) and any corrective action taken (see page 16 for details).

- ***Integrated Clinical Management System***
  Implementation of an integrated Clinical Management System (CMS) is integral in ensuring the long-term sustainability and success of providing timely, modern cancer services. Progress has been made and the CMS should be fully implemented in 2005-06 (see page 14 for details).

Canadian Strategy for Cancer Control (CSCC)

With the soaring costs of cancer drugs, international shortages of health care professionals and ever-increasing funding challenges, cooperation and collaboration at a national level is paramount to ensuring efficient and sustainable cancer programs.

Through efforts of the Canadian Association of Provincial Cancer Agencies, the Canadian Cancer Society, the National Cancer Institute of Canada and all levels of government, progress continues to be made to develop a national strategy for cancer control. Action groups continue to conduct their work; however, the strategy is limited in its ability to fulfill its objectives without additional funding. We are hopeful that funding will be forthcoming from the federal government to complete and implement the strategy.

In conclusion

The provision of cancer services in Saskatchewan takes a collaborative effort. We would like to take this opportunity to thank the Board, management, staff and volunteers for their continuing commitment and dedication to the Agency, as well as to our patients and clients. We would also like to recognize our many partners, supporters and other health sector organizations for their support and efforts over the past year.

Gary Semenchuck
Chairperson

Bob Allen
Chief Executive Officer

MAJOR INITIATIVES/ACCOMPLISHMENTS

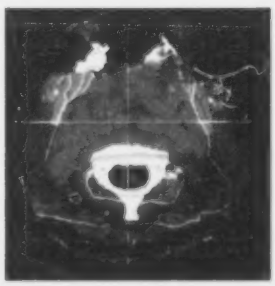
Modern Radiation Therapy Technology Offered in Saskatchewan
Over the past few years, the Saskatchewan Cancer Agency has been fortunate to acquire new radiation therapy equipment for both cancer centres. This has given the Agency an opportunity to offer patients some modern treatment option.

While radiation therapy is focused at the disease site, some of the radiation dose will reach surrounding normal tissues. The dose to these normal tissues limits the dose that can be prescribed to the disease site since a balance must be reached between cure and side effects. Any method which improves the focusing of radiation dose to the disease site will either increase cure rates or decrease side effects.

Modern patient imaging devices allow us to better focus the radiation dose by improving the assessment of size, shape and location of the cancer. When the location of the cancer is more precisely known, extra dose surrounding the cancer can be confidently reduced.

Often normal tissues are contained within disease sites. Such situations may be addressed by varying the intensity of the radiation across the disease site. Regions of high and low intensity are created by the strategic placement of radiation shielding. The placement of this shielding is efficiently accomplished with multi-leaf collimators. The application of such fields is known as intensity modulated radiotherapy (IMRT). IMRT goes hand in hand with the improved medical imaging devices to reduce the radiation to normal tissue.

The application of IMRT to cancers of the head and neck has demonstrated reduced side effects. IMRT for head and neck cancer is offered at the Saskatoon Cancer Centre and is expected at the Allan Blair Cancer Centre in 2005-06. The Agency hopes to expand IMRT to other disease sites in the future.



IMRT treatment plan for nasopharnyx cancer. The shaded red area is the disease site. The shaded green and blue areas are glands and spinal cord respectively and are to be avoided. The isodose lines (where the radiation dose is deposited) indicate that the plan achieves these objectives.

PROGRESS AND RESULTS

The Agency has identified eight strategic directions from its Strategic Plan, *A Proud History—A Planned Future*, which will be used to present this section of the report.

- Treating cancer effectively
- Strengthening partnerships
- Preventing and detecting cancer early
- Supporting research
- Providing supportive care
- Building infrastructure and organizational capacity
- Building a quality work environment
- Committing to quality and accountability

Treating cancer effectively

Clinical Practice Guidelines
In order to provide a consistently high standard of care, clinical practice guidelines are being developed by the Agency for all major cancer sites. The Agency has clinical practice guidelines for 30 sites and another 7 sites are under development.

Patient Satisfaction Survey
Patient surveys are conducted by the Agency every two years as part of ongoing quality assurance. In 2004 a standardized ambulatory oncology survey was conducted along with other provinces. For the first time we were able to compare our results with similar cancer agencies across the country.

Overall, patients continued to rate the care provided at the cancer centres very highly, with 97.5% rating the care they received in the past six months as excellent, very good or good compared to the Canadian average of 97.3%.

The results on individual questions were consistent with those reported in other Canadian ambulatory oncology facilities. Highly rated are wait time in radiation therapy, care at the cancer patient lodges, involvement of the family in care, respectful treatment and satisfaction with psychosocial oncology. Areas for improvement largely centre on providing emotional support and more information on physical and emotional changes.

Many of the issues identified by cancer patients have been addressed in the Agency's 2003-08 Strategic Plan *A Proud History—A Planned Future*. For example, providing supportive care is one of the eight strategic directions for improving services. Agency staff are using the information from the patient survey to make improvements in the care provided to patients.

Mary Johnson, Assistant to the CEO Head Office—Regina

Provincial Malignant Hematology/Stem Cell Transplant Program

The Provincial Malignant Hematology/Stem Cell Transplant Program provides consultative and integrated management services for the assessment and treatment of patients with aggressive, advanced blood and other circulatory system cancers and associated diseases. The program integrates academic teaching, research and clinical activities. The program continued to expand dramatically in the past fiscal year as it strives to meet the needs of Saskatchewan residents. Specialized services provided include management of acute and chronic leukemia, lymphoma and multiple myeloma, in addition to autologous (patient's own) and allogeneic (related and unrelated donor) hematopoietic stem cell and bone marrow transplantation.

In the past fiscal year, 269 patients with hematological malignancies or associated diseases were referred to the program for assessment and management. In addition, 106 patients were referred for stem cell transplantation. A total of 47 patients underwent hematopoietic stem cell and bone marrow transplants, including 15 allogeneic donor stem cell transplants (12 from related donors and 3 from unrelated donors). The ability to offer these essential services to Saskatchewan residents has been greatly limited by infrastructure capacity. As a result, 17 patients required referral out of province or out of country for stem cell transplantation in the past year. The program faces additional challenges in meeting mandatory federal requirements and external accreditation. An external review of program structure and activities is pending.

In addition to clinical and basic research activities (outlined in the Clinical Trials section of this report on page 46), the program provides teaching as a formal part of the hematology clinical rotation for Internal Medicine residents of the College of Medicine. Several medical students and College of Pharmacy students and residents also rotated with program staff.

Cheryl Strautman, Registered Nurse, Saskatoon Cancer Centre

Waiting Times

The goal is for cancer patients to start treatment within 50 days of referral (7.1 weeks). The average weeks of wait from referral to treatment in 2004-05 in the two cancer centres for chemotherapy and radiation are as follows:

	SCC Chemotherapy	ABCC Chemotherapy	SCC Radiation	ABCC Radiation
Wait to 1st appointment	4.03 weeks	3.4 weeks	3.83 weeks	2.33 weeks
Wait from 1st appointment to 1st treatment	2.42 weeks	2.36 weeks	3.46 weeks	2.81 weeks
Total wait from referral to 1st treatment	6.45 weeks	5.76 weeks	7.28 weeks	5.14 weeks

Pharmacy Task Force

Cancer drugs represent 33% of the Agency's total operating costs. This year $18.5 million was spent on chemotherapy and supportive drugs. In order to better manage this aspect of care, the Agency established a Pharmacy Task Force to undertake a review of how pharmacy services are provided within the Agency. An Implementation Steering Committee was established in October 2004, which has been reviewing pharmacy staffing arrangements with the regional health authorities.

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Strengthening partnerships

Community Oncology Program of Saskatchewan (COPS)
The Community Oncology Program of Saskatchewan (COPS) is a partnership between the regional health authorities and the Agency that offers an invaluable services to cancer patients and their loved ones. COPS has 16 designated centres throughout Saskatchewan with specially trained professionals to provide chemotherapy and supportive care to cancer patients, reducing the need for patients to travel to Saskatoon and Regina.

COPS centres are located in the following communities: Estevan, Humboldt, Kindersley, Lloydminster, Meadow Lake, Melfort, Melville, Moose Jaw, Moosomin, Nipawin, North Battleford, Prince Albert, Swift Current, Tisdale, Weyburn and Yorkton.

The Agency remains committed to COPS and the provision of quality education and on-going support to the COPS centres. In 2005 the Agency is undertaking a comprehensive evaluation of the COPS educational activities and the support community staff receive from the cancer centres to ensure programs are relevant, adequate, appropriate and accessible to meet the needs of the health professionals in the community. In addition, a patient satisfaction survey will be conducted this year to ensure COPS is meeting the needs of patients.

In 2004 COPS centres administered cancer chemotherapy to 1,035 patients, compared to just over 800 patients in 2003. This translates into 5,902 patient visits, not including the number of visits to the COPS centres for supportive care where no treatment was administered. The addition of supportive care visits to these statistics would nearly double the number of patient visits to COPS centres.

Marlene King, Admitting/Reception Screening Program for Breast Cancer—Regina Office

Preventing and detecting cancer early

Epidemiologic Research in Cancer Prevention and Early Detection
Epidemiologic research is ongoing in a number of areas in the early detection of cancer, including a 15-year review of breast cancer screening in Saskatchewan, a study of the impact of PSA testing on the case mix of prostate cancer and a study of the geographic use and effectiveness of the PSA test.

Screening Program for Breast Cancer (SPBC)
The SPBC was introduced in Saskatchewan in 1990 and has one of the highest participation rates in Canada. Each year SPBC provides mammograms to between 34,000-37,000 women. SPBC screens women 50 to 69 years of age who are not on active follow-up for breast cancer.

SPBC has two permanent sites (Regina and Saskatoon), five regional sites (Yorkton, Moose Jaw, Swift Current, North Battleford and Prince Albert), and a mobile bus that travels to rural and remote areas of the province on a two-year cycle.

See the statistical table for SBPC on page 43 of this report.

Prevention Program for Cervical Cancer

The Prevention Program for Cervical Cancer (PPCC) was introduced in Saskatchewan in August 2003. With the launch of this program, Saskatchewan joined seven other provinces with organized cervical cancer screening programs in varying stages of development.

The PPCC provides a comprehensive population-based screening program for cervical cancer. Increasing participation in regular Pap testing and tracking follow-up of unsatisfactory and abnormal test results are central aspects of this organized approach.

Over 500,000 letters, including more than 200,000 result notices and almost 350,000 recall/reminder letters have been sent from the PPCC to approximately 325,000 Saskatchewan women. Following are overall statistics regarding the PPCC:

- Close to 20% of women responded to reminder notifications within six months by scheduling a Pap test appointment with their health care provider.
- More than 13% of 18-year olds responded to the PPCC's initial information letter regarding the PPCC and the reason for regular Pap testing by scheduling a Pap test with their health care provider.
- Approximately 56% of eligible women currently between the ages of 60 and 69 have not had a Pap test in the last 40 months.
- The highest volumes of notification letters sent are for women between the ages of 40 and 55. Response rate is among the highest in this grouping at approximately 19%.

Jan Mitchell,
Registered Nurse
Saskatoon Cancer Centre

Supporting research

The Saskatchewan Cancer Agency is actively involved in basic biomedical, translational, clinical trials and epidemiologic research.

- The Agency's Health Research Division is an active member of the Saskatchewan Cancer Control Research Network.
- Agency researchers participated in the Saskatchewan Cancer Control Research Network's 4th annual Cancer Research Day.
- Many students are encouraged to pursue a career in cancer research. Currently there are 13 graduate students (6 MSc and 7 PhD) in the Health Research Division and one PhD student in Medical Physics at SCC. The Agency has 11 post-doctoral fellows and had 11 undergraduate summer students last year. Five students carried out their undergraduate research projects in the Health Research Division.
- Data from the Cancer Registry was used for 22 internal research projects and 9 external projects.

See page 44 for a detailed update on research projects and page 46 for details on clinical trials involvement.

Providing supportive care

Psychosocial Oncology
The Agency's Psychosocial Oncology Department has four social workers at ABCC and five at SCC who work with a patient's treatment program to provide a variety of services, including assessment and consultation, personal services and counselling. Each social worker has a caseload of about 75 patients per month consisting of new and follow-up patient and family appointments.

ABCC piloted an "Art for Wellness" program which ran for six weeks. Six patients took part in a variety of art forms, meditation and sharing under the direction of the Artist in Residence for the Regina Qu'Appelle Health Region.

Volunteers
There are 32 volunteers and one volunteer coordinator at ABCC who provided 4,355 hours of service during the reporting period. There are 30 volunteers and one volunteer coordinator at SCC who provided 4,497 hours of service during the reporting period.

Volunteers are an integral part of the daily operations of the Agency. They escort patients to their treatments or diagnostic tests and help patients select wigs and turbans, among other services. In November 2004 the management of the ABCC Driving Program was transferred to the Canadian Cancer Society, Saskatchewan Division.

Wilbur Heinrich, Volunteer Coordinator Allan Blair Cancer Centre

Cancer Patient Lodges
Cancer Patient Lodges located in Regina and Saskatoon offer a "home-away-from-home" atmosphere for patients undergoing cancer treatments and their companions. Room and board is provided in a supportive environment. Saskatoon had 518 admissions for a total of 3,558 beds occupied. Regina had 644 admissions for a total of 4,656 beds occupied.

Commitment to Patient Support and Education
The ABCC Psychosocial Oncology department is taking part in the Clinical Pastoral Education Program in Palliative Care and Oncology. Three students have been placed within the department with social workers serving as mentors.

In the fall ABCC will be coordinating/supervising a four-month social work practicum for a student as part of the University of Regina Social Work Degree Program.

The Patient and Family Resource Centre was officially opened at SCC.

Building infrastructure and organizational capacity

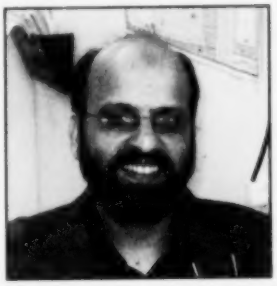
Renovations at the Allan Blair Cancer Centre
A renovation to the ground floor of ABCC was started and completed during the year. Benefits of the renovations include:

- conversion of a comfort room into an examination room
- renovation of the centre core to provide an additional four nurse/physician cubicles to provide enclosed/private space for physicians and nurses

Change to Agency Payroll System
The Agency moved to the Saskatchewan Association of Health Organization (SAHO) Payroll/HR system on January 2, 2005. Previously, the Agency utilized a monthly system with a mid-month advance. The new SAHO system is bi-weekly where staff are paid every second Friday. There were many benefits of moving to this system including more timely payments of supplemental earnings such as overtime. The SAHO system has better reporting capabilities for management and staff, such as online access for information including seniority, attendance, scheduling and performance reviews.

Information Management Strategic Plan
The Agency has made significant progress with implementation of an integrated Clinical Management System, which is the largest and most strategic initiative identified in its five-year Information Management Strategic Plan. Work has been successfully completed on the first two major components of the implementation.

Varian Medical Systems Inc, the vendor selected to provide the required software and services, has worked with the Agency to successfully upgrade linear accelerators at both cancer centres to a common software platform. New system components supporting effective and efficient registration and scheduling of cancer patients were also successfully implemented in both centres. Planning for the next phase of implementation, which will include automated clinical decision support tools, electronic patient record and enhanced reporting capability, is in progress with implementation expected in 2005-06.



Dr. Haji Chalchal,
Medical Oncologist
Allan Blair Cancer Centre

Cancer Registry Receives Award
The Cancer Registry was awarded a standing of "silver" from the North American Association of Central Cancer Registries for the quality and accuracy of its 2001 data.

Recruitment and Retention of Oncologists
The Agency experienced continued success in the recruitment and retention of oncology and hematology specialists during the year. ABCC welcomed three new radiation oncologists and the Provincial Malignant Hematology/Stem Cell Transplant Program welcomed a new hematologist. Medical staff now number 19 at SCC and 17 at ABCC.

Building a quality work environment

New Initiatives
The Human Resources Quality of Work Life Committee initiated the *In Motion* program at the Agency. As an *In Motion* workplace, the Agency supports the principle of incorporating regular fitness activity into the lives of employees and their families on a regular basis. An *In Motion* team was established to coordinate participation and activities.

Internal Communications
The cancer centres hold monthly meetings for staff to improve communication and provide learning opportunities.

Senior management participated in an executive leadership development program sponsored by Saskatchewan Health and the University of Regina with colleagues from the regional health authorities.

Several managers enrolled in Saskatchewan Association of Health Organization (SAHO) management programs.

Joint Pay Equity Job Evaluation Plan Update
The Agency and Saskatchewan Government Employees' Union (SGEU) continued to work together to implement a Joint Pay Equity Job Evaluation Plan for all in-scope positions. The Joint Steering Committee completed the appeal process in spring 2003, and in September 2003 the Agency and SGEU signed a memorandum of agreement outlining the implementation of the Joint Pay Equity Job Evaluation Plan.

In-scope employees eligible for pay equity increases received retroactivity back to April 1, 2001 and will receive applicable increases up to April 1, 2006 when the new wage schedules for the new class plan will be completely phased in.

The Joint Maintenance Committee for the Joint Pay Equity Job Evaluation Plan was established and is responsible for maintaining the in-scope job evaluation plan and to provide equitable non-discriminatory evaluation of new and changed jobs in the organization. Since March 2004 the Joint Maintenance Committee has evaluated 15 jobs at the Agency: three were new positions and 12 were undertaken because of significant changes to the job.

Collective Bargaining
The Collective Agreement between SGEU and the Agency expired on December 31, 2003. Negotiations on a new collective agreement between SGEU and the Agency started in June 2004. By the end of the fiscal year the majority of non-monetary items had been negotiated. Monetary items were briefly discussed. Future meeting dates have been set for 2005-06.

Bob Penley,
Senior Physics Technician
Saskatoon Cancer Centre

Committing to quality and accountability

Creation of Privacy Oversight Committee

A Privacy Oversight Committee was created to monitor and provide direction on the development, implementation and operation of the Agency's privacy program.

Staff Receive Training on Privacy

The Privacy Officer was appointed in March 2004. The following awareness training has been completed:

- Presentations to management regarding the role of the Privacy Officer and the strategy for continued privacy assurance within the Agency.
- Thirty presentations to staff regarding the roles of the Privacy Officer, the Privacy Oversight Committee and the provincial CIO Privacy Sub-committee. The presentations covered basic information regarding *The Health Information Protection Act* (HIPA) as well as more detailed discussions on the collection, use, disclosure, access and amendment of personal health information. Also included was a discussion of privacy, confidentiality and security rules pertaining to individual's daily activities.
- Privacy presentations at New Staff Orientation days are scheduled three times a year at each cancer centre.
- A presentation on conducting departmental privacy reviews has been developed to assist staff in assessing privacy compliance.

New Projects from Health Quality Council

The Agency received approval for funding from the Health Quality Council (HQC) for two quality improvement projects. One project is to evaluate the method by which patients are followed up after treatment, and another is to standardize and track medication incidents by producing reports to review processes and improve quality of care. The Agency will also be updating its external web site in 2005-06 with funding support from HQC.

Quarterly Financial Reporting

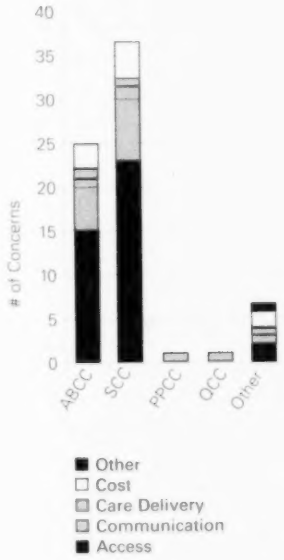
Quarterly financial reports were provided to Saskatchewan Health, as required by the Agency's Accountability Agreement with government.

Quality of Care Coordinator

The Agency is committed to resolving concerns in a timely manner and continually seeks to improve services based on the lessons learned. Most issues are resolved by the staff at the division level (Allan Blair Cancer Centre, Saskatoon Cancer Centre or Prevention and Early Detection). The Quality of Care Coordinator (QCC) handles those concerns that cannot be resolved at the division level, are 'major' in nature or those that come from Saskatchewan Health or other external agencies.

During 2004-05 the QCC received 71 concerns. This compares to 51 concerns received in 2003-04 and 37 in 2002-03. The increase is partly due to the publicity around the role of the QCC through pamphlets, posters and new patient guides.

Concerns Handled by the Quality of Care Coordinator, 2004-05



CHALLENGES AND FUTURE DIRECTIONS

Completion of Clinical Practice Guidelines

The Agency is committed to completing clinical practice guidelines for all tumour sites. Guidelines can be used to promote appropriate practice when there is good evidence to support it, discourage inappropriate practice, help justify major investments in new technologies including drugs, educate decision makers about the state of the evidence and contribute to quality improvement programs.

Development of New Programs

- Provincial Clinical Trials program
- Working with regional health authorities to develop breast health centres
- Brachytherapy program - developing a proposal to provide expanded services, including seed implants

Implementation of Clinical Management System

The Agency is fully committed to the implementation of an integrated clinical management system (CMS). The CMS will improve the ability to monitor and track patient outcomes and help to improve the quality of service.

Address Facility, Staffing and Equipment Capacity

The increase in cancer incidence and cancer prevalence, coupled with the complexities of treatments, has a direct impact on the Agency's treatment workloads. Additional resources will continue to be needed in areas of staffing, compensation competitiveness, drug costs and adequate facility space and equipment. A major focus of the Agency will be to address these areas.

Managing Drug Cost Pressures and Access to Current Drug Regimens

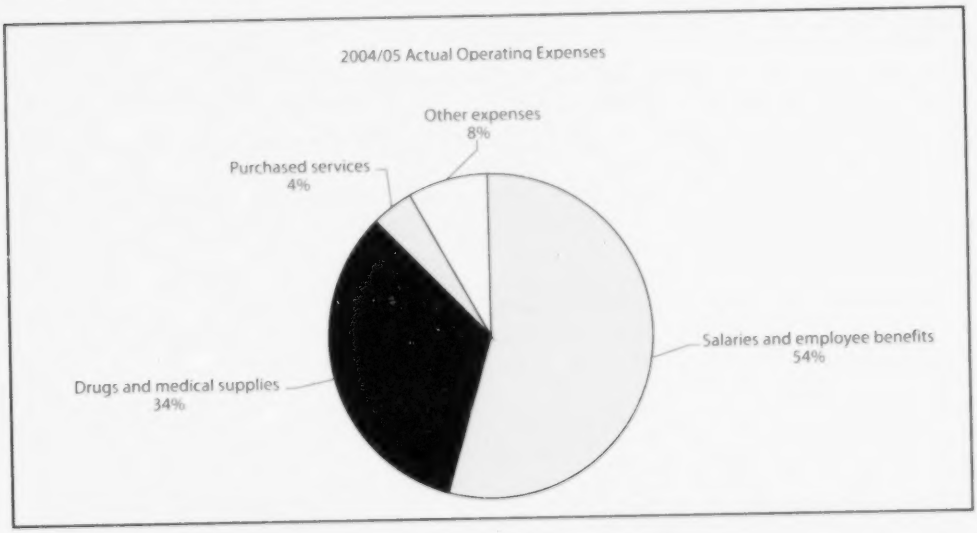
The Agency is under constant pressure to find resources and money within acceptable timelines in order to stay current and offer patients the latest standard of care in chemotherapy drugs.

MANAGEMENT DISCUSSION AND ANALYSIS

The Saskatchewan Cancer Agency carries out its mission through an operating fund and three restricted funds (Capital Fund, Research Fund and Trust Fund).

Operating Fund

Saskatchewan Health provides 98% of the Agency's operating revenues. Total actual revenues in 2004-05 were $86,386 higher than budgeted due to a decrease in anticipated revenues from Saskatchewan Health being offset by an increase in Other Revenues and funding for new Health Quality Council initiatives. Much of the increase in Other Revenues was due to an increase in recovery of costs from third parties for drugs not currently covered under the Agency's drug plan. This revenue stream may continue to increase in future years if the demands for access to drugs continue to exceed the Agency's ability to add them to its drug plan as an insured benefit. As the Agency continues to draw down its fund balance and related investments, the amount of investment income is expected to decrease in future years.

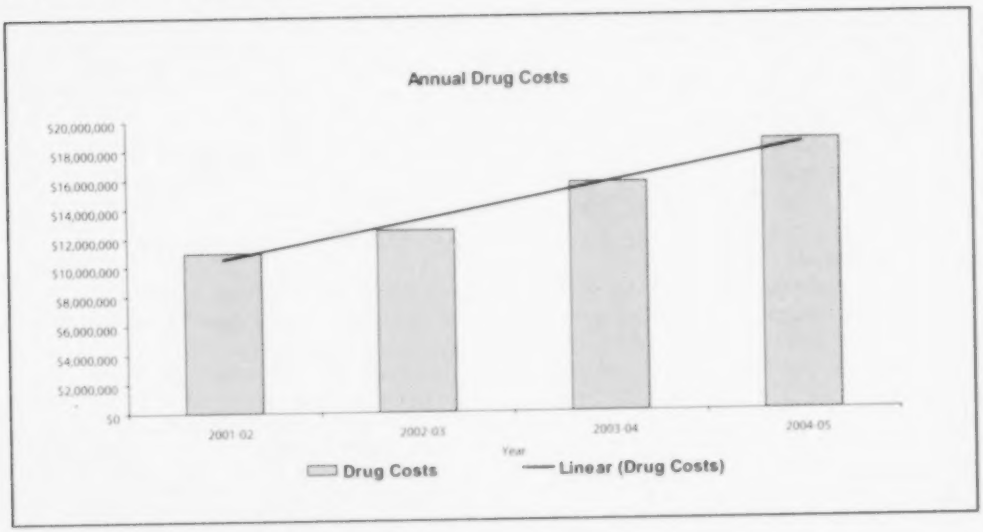


The Agency has limited alternative sources of funding and, therefore, focuses its financial activities on managing costs. The two largest expense categories are salaries and drug costs as shown in the graph above. Actual salary and employee benefits costs were slightly under budget by 1.6% due to higher than planned vacancy savings.

It is expected salaries and employee benefits will continue to be the Agency's single largest expenditure. Many cancer professionals employed by the Agency (e.g. oncologists, nurses, radiation therapists, pharmacists) are in extremely short supply. Maintaining competitive wages and benefits will be key to the Agency's ability to retain these staff. Increasing workload will also impact staffing requirements. The rising incidence and prevalence of cancer, the increase in complexity and time-consuming treatments, and changing technologies and techniques all have a major impact on the Agency's workload. The Agency currently operates with approximately 350 full-time equivalent positions and contracts an additional 54 full-time equivalent positions from the regional health authorities. Its ability to sustain these costs is dependent on the level of funding it receives from government.

The Agency is responsible for administering the provincial oncology drug plan. Increases in oncology drug expenditures continue to place enormous pressures on the Agency's operating budget. Drugs represent approximately 33% of the operating costs with medical supplies representing about 1%. The actual drug costs for 2004-05 were over budget by $239,189 on an $18.214 million drug budget. Cost overruns were minimized by restricting the growth in drug plan benefit coverage to only a few new indications for existing drugs and no funding of new drugs. Although these restrictions allowed the Agency to manage drug costs close to budget, they also increased the risk of a potential backlog of drug funding pressures for future years.

There are many reasons for rapidly increasing drug costs in oncology and it is often difficult to plan or predict for these increases. Oncology therapeutics change within a very short period of time. Even preliminary data often results in clinical practice changes. New and more costly cancer drugs for treatment and support care are introduced with increased regularity. Many new drugs are targeted as 'salvage treatments' (i.e. following failure of first-line therapies). This results in their use being classified as 'add-on' treatments (not a replacement to standard therapy), which further increases total drug costs. The only certainty is that drug costs will continue to increase despite cost-saving initiatives.



The sustainability of these cost pressures is a major risk to the overall success of the Agency's treatment services. Other cancer agencies in Canada are anticipating drug cost increases of 20-30% every year. This is consistent with the Agency's recent experience of an 18% increase in its drug costs in 2004-05. The Agency continues to explore new initiatives for reducing drug costs while maintaining patient access to the drugs. The Agency established a Pharmacy Task Force in 2003-04 to help identify further opportunities for effectively managing these escalating costs. Recommendations of the Task Force were received in 2004-05, which the Agency is currently in the process of implementing over the next two years.

The cost of purchased services slightly exceeded its budget due to increased use of diagnostic services from the regional health authorities. Other Expenses were under budget due to slower than expected start up of new initiatives, cost saving efforts, timing of purchases and timing of anticipated price increases.

The Operating Fund currently has a strong cash and investments position, but it has deteriorated compared to the prior year as a result of incurring a deficit in 2004-05, transferring funds to the Capital Fund to finance the Clinical Management System project and reducing the amount of accounts payable.

Capital Fund
In November 2004 the Agency received $3.0 million in capital funding from Saskatchewan Health for the replacement of radiation therapy treatment equipment and related renovations. This amount is in addition to the $400,000 of revenue budgeted for other radiation therapy equipment. The actual capital expenditures in 2004-05 were $3.7 million less than planned due to the timing of purchases, particularly the implementation of the Clinical Management System (CMS) and the replacement of an orthovoltage machine. An order was placed in March 2005 to replace a linear accelerator at the Saskatoon Cancer Centre and will be operational in 2006. It is expected that once the CMS project, orthovoltage and linear accelerator purchases are completed, the cash and investments will be significantly reduced.

While a significant amount of capital funding has been received in recent years to replace and add new equipment, there is still some equipment that is quite old or at the end of its expected useful life. This equipment is at risk of failure and due for replacement. As advances in treatment technology continue to emerge, this creates pressure to acquire new equipment technology on a timely basis. The need for additional space to accommodate increasing workloads and expanding programs and services is an urgent priority. This need is most acute at the Saskatoon Cancer Centre, but is also becoming a pressure at the Allan Blair Cancer Centre. In the meantime, the Agency has developed contingency plans in the event of a prolonged breakdown of equipment. Also, the Agency is exploring alternatives to address the facility space pressures.

Research Fund
In 2004-05 the Research Fund was underbudget overall due to salary cost overages related to clinical trials workload pressures being offset by delays in some research projects. The amount of general research donations that can be transferred from the Trust Fund to support research projects is now depleted. The majority of research donations remaining in the Trust Fund are for breast cancer and lung cancer research. Therefore, the Agency is now limited to providing research grants targeted to those two research areas. The Agency is exploring alternative funding sources to restore the broader scope of research capabilities in future years.

Trust Fund
The level of the Trust Fund varies year to year depending on the nature and amount of donations received, particularly with respect to one-time donations from estates. The Agency does not have a mandate to actively fundraise. Expenditures from the Trust Fund were underbudget due to timing of initiatives.

Summary
Overall the Agency's once strong financial position continues to deteriorate due to four consecutive years of deficit budgeting largely as a result of drug cost increases and continuing salary cost increases. A large portion of the Agency's financial resources is committed to capital acquisitions that are to be substantially completed within 12 months.

REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and have been approved in principle by the Foundation's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgements. The financial information presented in the Management Discussion and Analysis and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Foundation's assets are safeguarded and that financial records are relevant and reliable.

The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,

Bob Allen
Chief Executive Officer

Kevin Lacey, CA
Executive Director, Finance

May 25, 2005

FINANCIAL STATEMENTS

Auditor's Report

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Saskatchewan Cancer Foundation as at March 31, 2005 and the statements of operations and changes in fund balances, and cash flows for the year then ended. The Foundation's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan
May 25, 2005

Fred Wendel, CMA, CA
Provincial Auditor

Statement 1

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF FINANCIAL POSITION
As at March 31

		Restricted Funds				
	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total 2005	Total 2004
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	$ 3,649,290	$ 5,191,779	$ 140,005	$ 659,694	$ 9,640,768	$ 5,066,512
Accounts receivable:						
General Revenue Fund						
- Saskatchewan Health	142,621	—	—	—	142,621	115,126
- Health Quality Council	9,602	—	—	—	9,602	—
Other	246,017	56,146	176,693	21,114	499,970	654,057
Inventory	958,263	—	—	—	958,263	1,110,820
Prepaid expenses	146,116	—	5,601	2,229	153,946	128,496
Due (to) from other funds	206,264	42,717	(155,459)	(93,522)	—	—
	5,358,173	5,290,642	166,840	589,515	11,405,170	7,075,011
Investments (Schedule 1)						
(Market $7489,553; 2004 - $9,437263)	2,312,700	3,712,099	—	1,002,435	7,027,234	8,777,589
Capital assets (Note 4)	—	25,265,914	—	—	25,265,914	26,811,335
Total Assets	$ 7,670,873	$ 34,268,655	$ 166,840	$ 1,591,950	$ 43,698,318	$ 42,663,935
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	$ 2,671,288	$ 1,085,013	$ 10,041	$ 2,887	$ 3,769,229	$ 5,170,677
Accrued salaries	601,185	—	7,500	—	608,685	87,241
Vacation payable	888,448	—	17,495	—	905,943	784,386
Deferred revenue (Note 7)	2,111,912	—	—	—	2,111,912	254,695
	6,272,833	1,085,013	35,036	2,887	7,395,769	6,296,999
Fund Balances						
Invested in capital assets	—	25,265,914	—	—	25,265,914	26,811,335
Externally restricted (Schedule 2)	—	3,747,060	131,804	1,207,082	5,085,946	2,387,734
Internally restricted (Schedule 3)	500,000	3,651,922	—	381,981	4,533,903	3,502,891
Unrestricted	898,040	518,746	—	—	1,416,786	3,664,976
Fund balances (Statement 2)	1,398,040	33,183,642	131,804	1,589,063	36,302,549	36,366,936
Total Liabilities & Fund Balance	$ 7,670,873	$ 34,268,655	$ 166,840	$ 1,591,950	$ 43,698,318	$ 42,663,935

(See accompanying notes to the financial statements)

Statement 2

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2005	Total 2004	Capital Fund 2005	Research Fund 2005	Trust Fund 2005	Total 2005	Total 2004
REVENUES							
General Revenue Fund							
- Saskatchewan Health	$55,196,120	$48,619,191	$ 3,400,000	$ —	$ —	$ 3,400,000	$ 940,000
- Saskatchewan Health Research Foundation	218,000	218,000	—	345,000	—	345,000	345,000
- Health Quality Council	39,135	—	—	—	—	—	—
Grants	—	—	—	759,274	—	759,274	451,268
Donations and bequests	—	—	—	—	783,275	783,275	421,563
Investment income	314,195	943,648	239,911	4,951	88,684	333,546	272,624
Other revenues	710,537	611,929	4,829	123,634	—	128,463	189,575
	56,477,987	50,392,768	3,644,740	1,232,859	871,959	5,749,558	2,620,030
EXPENSES							
Salaries and employee benefits	30,983,306	29,244,816	—	1,097,123	—	1,097,123	997,376
Drugs and medical supplies	19,132,919	16,302,206	—	—	—	—	—
Purchased services	2,346,164	2,311,187	—	—	—	—	—
Other expenses	4,579,815	4,812,076	—	84,540	205,961	290,501	373,770
Research grants (Schedule 4)	—	—	—	306,185	—	306,185	371,457
Amortization	—	—	3,555,919	—	—	3,555,919	3,257,948
	57,042,204	52,670,285	3,555,919	1,487,848	205,961	5,249,728	5,000,551
(Deficiency) excess of revenues over expenses	(564,217)	(2,277,517)	88,821	(254,989)	665,998	499,830	(2,380,521)
Fund balances, beginning of year	3,053,804	7526,696	31,894,768	68,569	1,349,795	33,313,132	33,498,278
Interfund transfers (Note 8)	(1,091,547)	(2,195,375)	1,200,053	318,224	(426,730)	1,091,547	2,195,375
Fund balances, end of year	$ 1,398,040	$ 3,053,804	$33,183,642	$ 131,804	$ 1,589,063	$34,904,509	$33,313,132

(See accompanying notes to the financial statements)

Statement 3

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	2005	2004	Capital Fund	Research Fund	Trust Fund	Total 2005	Total 2004
Cash provided by (used in):	**Operating Activities**		**Financing and Investing Activities**				
(Deficiency) excess of revenues over expenses (Statement 2)	$ (564,217)	$ (2,277,517)	$ 88,821	$ (254,989)	$ 665,998	$ 499,830	$ (2,380,521)
Net change in non-cash working capital (Note 3)	671,312	407,092	1,025,587	(126,036)	(227,996)	671,555	1,749,938
Amortization of capital assets	—	—	3,555,919	—	—	3,555,919	3,257,948
(Gain) on disposal of capital assets	—	—	(4,829)	—	—	(4,829)	(7,792)
	107,095	(1,870,425)	4,665,498	(381,025)	438,002	4,722,475	2,619,573
Purchase of capital assets							
Buildings/construction	—	—	(64,817)	—	—	(64,817)	(1,384,087)
Equipment	—	—	(1,945,681)	—	—	(1,945,681)	(6,067,184)
Proceeds on disposal of capital assets							
Equipment	—	—	4,829	—	—	4,829	7,792
	—	—	(2,005,669)	—	—	(2,005,669)	(7,443,479)
Net disposal (acquisition) of investments	1,103,982	5,641,069	141,868	—	504,505	646,373	(2,162,167)
Net increase (decrease) in cash & short-term investments during the year	1,211,077	3,770,644	2,801,697	(381,025)	942,507	3,363,179	(6,986,073)
Cash & short-term investments, beginning of year	3,529,760	1,954,491	1,190,029	202,806	143,917	1,536,752	6,327,450
Interfund transfers (Note 8)	(1,091,547)	(2,195,375)	1,200,053	318,224	(426,730)	1,091,547	2,195,375
Cash & short-term investments, end of year	$ 3,649,290	$ 3,529,760	$ 5,191,779	$ 140,005	$ 659,694	$ 5,991,478	$ 1,536,752
Amounts in cash balances							
Cash & short-term investments	$ 3,649,290	$ 3,529,760	$ 5,191,779	$ 140,005	$ 659,694	$ 5,991,478	$ 1,536,752

(See accompanying notes to the financial statements)

SASKATCHEWAN CANCER FOUNDATION
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2005

1 Legal Status of the Saskatchewan Cancer Foundation

The Foundation was created under provisions of *The Cancer Foundation Act* and commenced operations on August 1, 1979. The Foundation conducts a program for the treatment and prevention of cancer.

2 Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant policies:

a) Fund accounting

The accounts of the Foundation are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Foundation including the Allan Blair Cancer Centre, the Saskatoon Cancer Centre, and their respective patient lodges. Also included are research, prevention and early detection, public education, and communication activities.

The Cancer Centres provide diagnostic services, treatment services in radiotherapy and chemotherapy, and follow-up services. They serve as the focal points for the co-ordination of a comprehensive and multi-disciplinary approach to all aspects of care and treatment for cancer patients. The patient lodges provide housing for rural patients who are undergoing treatment at the Cancer Centres.

Research activities include basic and epidemiological research. Basic research attempts to understand, at the cellular and molecular level, the underlying differences between normal and cancerous cells. Epidemiological research involves studying the distribution and determinants of various cancers in specific populations and the application of these studies to cancer control.

Prevention and early detection programs in this fund are aimed at minimizing the impact of cancer through prevention and control. The Screening Program for Breast Cancer has responsibility for screening mammography for women ages 50-69 years of age in the Province. The Prevention Program for Cervical Cancer provides education on the importance of Pap tests, sends notification letters to women to see their primary care physician for testing, and tracks women's participation in screening.

Public education and communications through written, oral, and visual media are integral components of a diverse cancer care program.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Foundation in capital assets. The Capital Fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that reflects the revenues received from Saskatchewan Health Research Foundation - General Revenue Fund and clinical trial sponsors to support a number of research projects. The following guidelines are attached to the funds:

a) Expenditure of these funds is at the discretion of the Foundation. The Foundation will assume responsibility for research costs in excess of the amount funded.

b) Research funds, including investment income on the funds, should be kept separate from other funds of the Foundation.

Activities of the fund include clinical trials research which is a scientific method for testing new or combinations of existing treatment modalities against the current standard of treatment for that specific cancer.

iv) Trust Fund

The Trust Fund accepts donations for contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Foundation maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Investments are valued at the lower of cost or net realizable value. Net realizable value is used when there is a loss in investment value that is other than a temporary decline.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined on the first in, first out basis.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold Alterations	3 - 20 years
Equipment	4 - 15 years

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

f) Pension

Employees of the Foundation participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Foundation follows defined contribution plan accounting for its participation in the plan. Accordingly, the Foundation expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3 Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2005	2004	Capital Fund	Research Fund	Trust Fund	Total 2005	Total 2004
(Increase) decrease in accounts receivable	$ 250,235	$ (62,192)	$ (27,798)	$ (111,400)	$ 5,953	$ (133,245)	$ (19,477)
(Increase) decrease in inventory	152,557	(5,632)	-	-	-	-	-
(Increase) decrease in prepaid expenses	(26,072)	128,095	-	691	(69)	622	1,171,714
(Increase) decrease in due (to) from other funds	(15,429)	(439,183)	262,822	(21,233)	(226,160)	15,429	439,183
Increase (decrease) in accounts payable	(2,179,078)	697,184	790,563	(5,213)	(7,720)	777,630	162,372
Increase (decrease) in accrued salaries	519,398	17,427	-	2,046	-	2,046	(2,475)
Increase (decrease) in vacation payable	112,484	80,761	-	9,073	-	9,073	(1,379)
Increase (decrease) in deferred revenue	1,857,217	(9,368)	-	-	-	-	-
	$ 671,312	$ 407,092	$1,025,587	$ (126,036)	$ (227,996)	$ 671,555	$1,749,938

4 Capital Assets

	March 31, 2005			March 31, 2004
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land & Improvements	$ 280,297	$ —	$ 280,297	$ 280,297
Buildings	19,366,973	15,913,648	3,453,325	4,259,553
Leasehold Alterations	11,782,270	5,022,779	6,759,491	7,265,339
Equipment & Furniture	34,671,429	20,514,296	14,157,133	15,006,146
Work-in-progress	615,668	—	615,668	—
	$ 66,716,637	$ 41,450,723	$ 25,265,914	$ 26,811,335

5 Commitments

a) Capital Assets Acquisitions

At March 31, 2005, commitments for acquisition of capital assets were $6,310,288 (2004 - $822,211).

b) Operating Leases

The Foundation is committed under term leases for office space at the following minimum amounts over the next five years (exclusive of proportionate increases):

2006	$ 206,722
2007	159,563
2008	49,106
2009	—
2010	—

6 Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division, has donated two cancer patient lodges in the Province to the Foundation. Under the terms of an agreement with the Society, the Foundation has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Foundation so long as they are operated as cancer patient lodges.

7 Deferred Revenue

Deferred Revenue	Balance Beginning of Year	Amount Received	Amount Recognized	Balance End of Year
Saskatchewan Health - General Revenue Fund				
- Women's health initiatives	$ 217,425	$ —	$ (217,425)	$ —
- Professional development initiatives	7,501	30,463	—	37,964
- Quality workplace initiatives	—	54,025	—	54,025
- Drug & wait time initiatives	—	2,000,000	—	2,000,000
Other revenue received in advance	29,769	—	(9,846)	19,923
Total	$ 254,695	$ 2,084,488	$ (227,271)	$ 2,111,912

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

8 Interfund Transfers

Each year the Foundation transfers amounts between its funds for various purposes. These include funding capital asset purchases, research grants, and reassigning fund balances to support certain activities.

	2005			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (1,050,000)	$ 1,200,053	$ —	$ (150,053)
Research grants	(41,547)	—	318,224	(276,677)
Total	$ (1,091,547)	$ 1,200,053	$ 318,224	$ (426,730)

	2004			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (2,210,230)	$ 2,587,457	$ (41,692)	$ (335,535)
Research grants	—	—	254,997	(254,997)
Other	14,855	—	—	(14,855)
Total	$ (2,195,375)	$ 2,587,457	$ 213,305	$ (605,387)

9 Pension Plan

Employees of the Foundation participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Foundation's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year amounted to $1,262,894 (2004 - $1,247,783) and is included in benefits.

10 Related Party Transactions

These financial statements include transactions with related parties. The Foundation is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The Foundation is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties. Other routine operating transactions with related parties are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

	2005	2004
Regina Qu'Appelle Regional Health Authority, Accounts Payable	$ 547,834	$ 3,117,921
Saskatoon Regional Health Authority, Accounts Payable	692,621	536,245
Other related parties, Accounts Payable	331,908	73,000
Regina Qu'Appelle Regional Health Authority, Expenses	3,869,015	11,631,702
Saskatoon Regional Health Authority, Expenses	3,796,120	12,254,605
Public Employees Pension Plan, Expenses	1,237,570	1,229,329
Other related parties, Expenses	2,099,013	1,688,958

In addition, the Foundation pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for $1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Foundation is situated on land not owned by the Foundation. The Foundation is not charged for the use of this land.

11 Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows.

b) Interest rate risk

The Foundation is exposed to the following interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates.

- The interest rate risk for the Foundation's receivables and payables is minimal because they are non-interest bearing and of a short-term nature.

- As market interest rates fluctuate, the market value of long-term investments moves in the opposite direction. This risk will affect the selling price of investments if they are sold prior to maturity. Due to the size and nature of the Foundation's investment portfolio and its future cash flow needs, the Foundation is able to manage the timing of investment disposals in a manner that minimizes the interest rate risk.

c) Credit risk

The Foundation is exposed to credit risk from potential non-payment of accounts receivable or investment income and principle. The credit risk for the Foundation's receivables is minimal because they are mostly from the Saskatchewan Health - General Revenue Fund or other government organizations. The credit risk for the Foundation's investments and related accrued interest receivable is minimal because investments consist of provincial government bonds and debentures, corporate bonds, and guaranteed investment certificates with large Canadian banks.

d) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying value of the following financial instruments approximate fair value due to their immediate or short-term nature:

  Cash and short-term investments
  Accounts receivable
  Accounts payable
  Accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

12 Budgets

Schedule 5 compares actual results to the 2004-05 budget plan approved by the Foundation's Board of Directors on June 24, 2004.

Schedule 1

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2005

	Amount	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash:				
Royal Bank of Canada	$ 6,190,690	—	2.25%	—
Short-term investments:				
Province of Saskatchewan Savings Bond	100,000	07/15/05	5.75%	5.75%
Long-term investments:				
Province of Saskatchewan Savings Bond	489,650	06/02/08	5.88%	5.50%
Province of Saskatchewan Savings Bond	497,000	05/28/08	5.58%	5.50%
Province of British Columbia Bond	502,400	06/01/09	5.62%	5.70%
Province of Nova Scotia Bond	509,000	06/01/09	5.08%	5.40%
GE Capital Canada Bond	498,435	10/23/09	5.71%	5.65%
Province of Ontario Bond	499,750	11/30/11	5.26%	5.25%
GE Capital Canada Fund Strip Bond	320,650	07/24/12	5.00%	5.00%
Province of Saskatchewan Savings Bond	504,000	12/03/12	5.21%	5.25%
Province of Saskatchewan Savings Bond	993,500	12/03/12	5.41%	5.25%
Province of New Brunswick Bond	208,299	02/25/13	4.89%	5.50%
Bank of Nova Scotia Bond	1,018,500	07/22/13	5.54%	5.65%
Bank of Nova Scotia Bond	489,250	05/12/14	6.13%	5.75%
Province of New Brunswick Bond	496,800	12/27/17	6.06%	6.00%
	7,027,234			
Total restricted investments	13,317,924			
Unrestricted Investments				
Cash:				
Royal Bank of Canada	3,350,078	—	2.25%	—
Total unrestricted investments	3,350,078			
Total Investments	$ 16,668,002			

Restricted Investments consist of: investments of the restricted funds, contingency reserve, and deferred revenues.

(See accompanying notes to the financial statements)

Schedule 2

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2005

Restriction	Balance Beginning of Year	Investment & Other Revenue	Expenses	Transfers	Balance End of Year
Capital acquisitions	$ 729,571	$ 3,400,000	$ (382,511)	$ —	$ 3,747,060
CMS Reserve	500,000	—	(500,000)	—	—
Research contributions	68,569	1,232,859	(1,487,848)	318,224	131,804
Trust Fund donations	1,089,594	560,614	(155,981)	(287,145)	1,207,082
Total	$ 2,387,734	$ 5,193,473	$ (2,526,340)	$ 31,079	$ 5,085,946

Schedule 3

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2005

Restriction	Balance Beginning of Year	Investment & Other Revenue	Expenses	Transfers	Balance End of Year
Contingency Reserve	$ 500,000	$ —	$ —	$ —	$ 500,000
CMS Reserve[1]	2,500,000	—	—	—	2,500,000
Capital acquisitions	242,690	27,494	(168,262)	1,050,000	1,151,922
Trust Fund donations	260,201	311,353	(49,989)	(139,584)	381,981
Total	$ 3,502,891	$ 338,847	$ (218,251)	$ 910,416	$ 4,533,903

[1] The Foundation is implementing a two-year, multi-million dollar Clinical Management System (CMS) and established the CMS Reserve in 2003-04 to help fund this initiative.

(See accompanying notes to the financial statements)

Schedule 4

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31

	2005	2004
Characterization of the Metastatic Phenotype in Breast Cancer, Saskatoon	$ 85,460	$ 92,067
Regulation of Gene Expression by Histone Deacetylase Inhibitors, Saskatoon	73,332	45,716
Combined Radiation Therapy and Dendritic Cell Vaccine in Treatment of Well-established Tumors, Saskatoon	70,046	78,206
CFI Leukemia Functional Genomics Centre Grant, Saskatoon	28,574	67,904
Grant CFI Biomedical Beam, Synchrotron, Saskatoon	25,000	—
Role of p85 in PDGF Receptor Down Regulation, Saskatoon	19,677	96,388
Impact of Determining the Free PSA Ratio Using Reflex Testing in Saskatchewan, Regina	2,129	2,500
Hematology/Stem Cell Research Grant, Saskatoon	1,967	15,257
Using Short-term Follow-up Data to Predict Long-term Survival Rates of Ovarian Cancer by the Parametric Lognormal Model, Regina	—	9,337
To Evaluate the Natural History of Glial Brain Tumors, Prognostic Variables and Treatment in Saskatchewan, Regina	—	3,400
Saskatchewan Pediatric Cancer Survival and Late Effects Identification Study, Saskatoon	—	2,374
Total Grants	$ 306,185	$ 413,149
Breakdown		
Operating expenses	$ 306,185	$ 371,457
Capital expenditures	—	41,692
	$ 306,185	$ 413,149

(See accompanying notes to the financial statements)

Schedule 5

SASKATCHEWAN CANCER FOUNDATION
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2005

	Operating Fund		Restricted Funds			
			Research Fund		Trust Fund	
	Actual	Budget	Actual	Budget	Actual	Budget
REVENUES						
General Revenue Fund						
- Saskatchewan Health	$ 55,196,120	$ 55,293,653	$ —	$ —	$ —	$ —
- Saskatchewan Health Research Foundation	218,000	218,000	345,000	345,000	—	—
- Health Quality Council	39,135	—	—	—	—	—
Grants	—	—	759,274	590,300	—	—
Donations and bequests	—	—	—	—	783,275	410,613
Investment income	314,195	300,000	4,951	6,000	88,684	65,883
Other revenues	710,537	579,948	123,634	294,624	—	—
	56,477,987	56,391,601	1,232,859	1,235,924	871,959	476,496
EXPENSES						
Salaries and employee benefits	30,983,306	31,498,711	1,097,123	1,039,245	—	—
Drugs and medical supplies	19,132,919	18,897,223	—	—	—	—
Purchased services	2,346,164	2,290,913	—	—	—	—
Other expenses	4,579,815	5,204,754	84,540	147,390	205,961	283,728
Research grants (Schedule 4)	—	—	306,185	394,025	—	—
	57,042,204	57,891,601	1,487,848	1,580,660	205,961	283,728
(Deficiency) excess of revenues over expenses	(564,217)	(1,500,000)	(254,989)	(344,736)	665,998	192,768
Interfund transfers (Note 8)	(1,091,547)	(1,050,000)	318,224	276,677	(426,730)	(507,464)
Net (decrease) in fund balances	$ (1,655,764)	$ (2,550,000)	$ 63,235	$ (68,059)	$ 239,268	$ (314,696)

	Capital Fund	
	Actual	Budget
REVENUES		
Saskatchewan Health		
- General Revenue Fund	$ 3,400,000	$ 400,000
Investment income	239,911	200,000
Other revenues	4,829	—
	3,644,740	600,000
CAPITAL EXPENDITURES	2,010,498	5,742,585
(Deficiency) of revenues over expenditures	$ 1,634,242	$ (5,142,585)
Interfund transfers (Note 8)	$ 1,200,053	$ 1,280,787

(See accompanying notes to the financial statements)

Schedule 6

SASKATCHEWAN CANCER FOUNDATION

BOARD REMUNERATION, BENEFITS, AND ALLOWANCES
For the Year Ended March 31

	2005				2004		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson:							
Semeniuk, Gary	$ 15,323	$ 5,648	$ 2,781	$ 23,752	$ 17,535	$ 8,583	$ 26,118
Board Member:							
Ahenakew, Audrey	1,000	388	755	2,143	825	322	1,147
Allerton, Dr. William	-	-	-	-	800	292	1,092
Beck, Carol	2,650	1,013	3,788	7,451	1,638	2,563	4,201
Ernst, Diana	1,425	-	673	2,098	725	484	1,209
Gilliland, Mary	1,425	-	308	1,733	600	452	1,052
Hnatiw, Marion	1,950	1,100	1,920	4,970	825	1,287	2,112
Herring, Dolores	1,863	875	1,920	4,658	1,200	2,999	4,199
Leitch, Don	2,645	1,870	4,485	8,400	2,875	7255	10,130
Morris, Dr. Fred	800	75	95	570	400	324	774
Total	$ 28,081	$ 10,969	$ 16,725	$ 55,775	$ 27,423	$ 24,611	$ 52,034

(1) Benefits includes employer CPP and all travel time

SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES, AND SEVERANCE
For the Year Ended March 31

	2005				2004	
Staff	Number of Individuals	Salaries[1]	Benefits and Allowances[2]	Total	Number of Individuals	Salaries, Benefits and Allowances
Chief Executive Officer	1	$ 135,631	$ 13,851	$ 149,482	1	$ 146,173
Senior Positions:						
Exec Dir, Allan Blair Cancer Centre	1	355,467	13,082	368,549	1	370,687
Exec Dir, Saskatoon Cancer Centre	1	345,081	9,054	354,135	1	323,732
Exec Dir, Health Research	1	121,427	12,079	133,506	1	133,215
Exec Dir, Information Management	1	95,341	4,002	99,343	1	100,353
Exec Dir, Finance	1	90,991	9,802	100,793	1	100,380
Exec Dir, Human Resources	1	90,991	9,802	100,793	1	100,380
Assoc Exec Dir, Allan Blair Cancer Centre	1	90,991	9,802	100,793	1	100,380
Assoc Exec Dir, Saskatoon Cancer Centre	1	90,991	9,802	100,793	1	100,380
Exec Dir, Prevention & Early Detection	1	86,795	9,809	96,604	1	96,256
Exec Dir, Education & Corporate Affairs	1	82,431	9,256	91,687	1	91,241
Total	11	$1,586,137	$ 110,341	$1,696,478	11	$ 1,663,177

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria, and any other direct cash remuneration including sick leave and vacation. No severance payments were made in 2005 or 2004.
(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employee's taxable allowances.

(See accompanying notes to the financial statements)

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2005

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total $50,000 or more.

Aboo, Ismail	$ 300,253
Ahmad, Imran	290,163
Ahmed, Shahid	201,532
Ali, S. Kaiser	344,534
Allen, Joanne	54,412
Allen, Robert	135,631
Alvi, Riaz	59,103
Anderson, Deborah	73,885
Andreas, J. Joe	62,479
Arsenault, Deborah	63,251
Bagu, Carol	57,440
Barnardo, Christopher	54,440
Barss, Richard	71,033
Bassalow, Rostem	65,423
Beckett, Craig	96,342
Belitski, Renee	69,105
Belous, Janice	54,028
Bichon, Carol	54,925
Bjorndahl, Sterling	76,621
Black, Megan	67,573
Boek, Marcelo	206,532
Bollinger, Susan	64,127
Bonham, Keith	76,987
Bourassa, Kristy	51,503
Briggs, Sheri	58,904
Brydon, Lizabeth	54,434
Budz, Denise	71,338
Burk, Geneva	56,433
Cadman, Patrick	127,775
Carlsen, Nancy	56,043
Carlsen, Svein	121,427
Chalchal, Haji	300,253
Choquette-Becker, Heather	54,147
Cocarell, John	53,110
Colleaux, Dena	54,324
Coulter, Sheila	71,863
Cowan, Lorna	54,955
Dagnone, Mary	55,736
Dahl, Melvin	71,338
Davis, Karen	63,532
Dergousoff, Stephanie	58,755
Derrick, Peter	62,930
Dewald, Carmen	54,985
Dickof, Peter	117,853
Doell, Heather	55,606
Dolata, Wojciech	207,676
Duchscher, Dana	61,240
Edmunds, Laurie	55,102
Edwards, Trent	57,994
El-Gayed, Ali A.H.	300,253
Farkas, Elaine	54,985
Fisher, Miriam	56,244
Fisher, Michelle	64,253
Foote, Bertha	61,044
Frey, Janelle	55,866
Friesen, Kaethe	54,985
Galloway, Laurie	61,160
Gardiner, Donald	300,253
Garratt, Kevin	73,090
Gauthier, Huguette	90,991
Gesy, Kathy	81,483
Gjevre, Karen	62,983
Gloeckler, Ryon	53,674
Goh, Teri-Suan	355,467
Grossman, Jason	63,063
Gryschuk, Gerald	64,387
Gulutzan, Elaine	56,419
Haider, Kamal-Uddin	297,753
Hancock, Jennifer	55,549
Haq, Mohammad	260,379
Harrison, Lois	86,795
Hasegawa, Wanda	266,863
Hautz, Jo-Anne	64,219
Hill, Carol	54,985
Howson, Patricia	54,157
Jancewicz, Miroslav	324,031
Johnson, Mary	50,093
Joseph, Kurian Jones	142,843
Judd, Alison	62,719
Juma-Anderson, Stella	60,809
Karakochuk, Dennis	90,991
Khan, Pervez-Ishrat	86,862
Kish, Donna	54,939
Koop, Jason	56,744
Kowbel, Beverly	55,970
Krechowiecki, Jolanta	53,983
Kruger, Lana	62,802
Kulrich, Celia	61,382
Lacey, Kevin	90,991
Ladyka, Colin	56,133
Lapointe, J.R. Claude	113,632
Lawrence, John	53,087
Little, Glenda	62,983
Lobzun, Kevin	56,460
Maclennan, Iain	300,253
Mahmud, Aamer	93,841
Martin, Brian	52,888
McAllister, Rae	141,523
Meeklah, J. Stuart	63,419
Mensch, Jackie	61,885
Merrison, Patricia	62,197
Milligan, Laurey	50,068
Mirchandani, Deepu	230,600
Moffatt, Krista	53,682
Mohamed, Mohamed	324,112
Monteith, Jennifer	58,696

Morris, Joan	58,405
Morton, William	95,341
Mpofu, Christopher	322,624
Nilson, Linda	138,790
Nurse, Judith	82,431
Olfert, Ivan	90,991
Pacella, Juan	302,313
Penley, Robert	57,197
Pierlot, Joan	61,460
Plett, Carissa	53,578
Popkin, David	345,081
Pryor, Rick	52,912
Raczynski, Joyce	55,102
Rapp, Dorothy	63,005
Rayson, Sandra	145,892
Read, Chelsea	56,116
Reichert, Brian	66,959
Richards, Mardel	56,119
Runquist, Vaughn	62,983
Russell, Elaine	54,985
Sadikov, Evgeny	92,977
Salim, Muhammad	300,253
Sami, Amer	321,612
Schlitz, Colette	50,688
Schmid, Matthew	120,238
Schmidt, Bruce	55,102
Senft, Beverley	55,759
Sharp, Warren	71,338
Shiels, Ross	303,807
Sidhu, Narinder	127,819
Sirdar, John	56,307
Skarsgard, David	300,103
Smart, Janet	55,817
Smith, LauraLee	54,985
Stillborn, Joyce	58,148
Strautman, Cheryl	54,985
Stuart, Heather	66,975
Sweet, Rhonda	61,788
Tai, Patricia	327,667
Taylor, Devon	54,184
Thiesson, C. Scot	55,477
Tonita, Jon	76,621
Usher, Barbara	53,360
Vachhrajani, H.	300,253
VanEyck, Dana	50,647
Van-Gemeren, Jacqueline	55,305
Voralia, Michael	296,128
Wacker, Steven	65,362
Walker, Vivian	65,083
Warren, Joyce	63,948
Weber, Lorenz	50,490
Weigel, Tamara	55,627
Westad, Anne	55,455
Whiting, Cheryl	63,571
Whittle, Alison	58,329
Wilson, Lois	54,985
Wood, Valerie	55,327
Xiang, Jim	95,114
Yadav, Sunil	261,669
Yuzik, Patricia	63,526
Ziegler, William	117,853

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories	$ 1,566,811
Alberta Cancer Board	57,538
Amgen Canada Inc	1,277,252
Associated Radiologists of Saskatoon	120,545
Aventis Pharma Inc	181,535
Baxter Corporation	363,369
Berlex Canada Inc.	482,875
Canadian Blood Services	72,014
Canadian Medical Protective Association	72,144
Canadian Pharmaceutical Distribution Network	9,009,540
Charon Systems Inc	66,660
Diners Club International	97,472
ESP Pharma, Inc	94,434
Genzyme Canada Inc	61,295
Grand & Toy Office Products	59,322
Hewlett-Packard (Canada) Co	68,998
Horizon Computer Solutions Inc	192,521
Marsh Canada Limited	75,282
Mayne Pharma (Canada) Inc	66,982
MacPherson, Leslie & Tyerman	66,033
McKesson Canada	2,335,772
Medtec Marketing Limited	194,522
Microage Regina	100,000
Niesner Properties Inc	84,353
Novartis Pharmaceuticals Canada	1,806,073
Nucletron Corporation	83,134
Parliament Place Holdings Ltd	70,244
Pfizer Canada Inc	1,141,583
Pharmacy Computer Services	57,977
Prince Albert Parkland Health Region	57,159
Regina Qu'Appelle Regional Health Authority	3,869,015
Royal Bank VISA	58,725
Sanofi-Symthelabo Canada Inc	563,021
Sask Property Management Corporation	325,481
Sask Tel	56,343
Saskatoon Regional Health Authority	3,796,120
Schering Canada Inc	149,640
Siemens Electric Limited	69,242
SoftChoice Corporation	153,485
Sun Microsystems of Canada Inc	76,429
Sunrise Regional Health Authority	64,042
Technology Management Corporation	124,484
University of Saskatchewan	145,588
Varian Medical Systems	1,122,862

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Minister of Finance	249,309
Public Employees Disability Income Fund	62,413
Public Employees Pension Plan	1,237,570
SAHO - Core Dental Plan	150,756
SAHO - Extended Health Care Plans	77,257
SAHO - In-Scope Health & Dental	216,100
Sask Workers' Compensation Board	453,239

STATISTICAL TABLES

Allan Blair Cancer Centre Statistics 2000-2004

Clinic Appointments

	2000	2001	2002	2003	2004
New patient appointments	2,185	2,231	2,147	2,477	2,246
Review patient appointments	14,044	15,371	16,183	17,577	17,926
Radiotherapy treatments	18,118	16,887	16,967	19,057	19,599
Chemotherapy treatments	7,578	8,087	7,790	8,723	8,416

Radiotherapy treatment Visits by machine type

	2000	2001	2002	2003	2004
Brachytherapy	162	71	60	128	99
Linear Accelerator	15,466	15,071	14,587	16,664	18,153
Cobalt	2,373	1,716	2,155	2,211	1,347
Stabilipan	117	29	165	54	0
TOTALS	18,118	16,887	16,967	19,057	19,599

Health Record Activities

	2000	2001	2002	2003	2004
Case registrations	4,500	4,532	4,249	4,444	4,384
Case visits recorded	16,162	17,320	16,800	16,874	17,961
Follow-up reports	11,805	11,548	11,495	11,523	10,294

Saskatoon Cancer Centre Statistics 2000-2004

Clinic Appointments

	2000	2001	2002	2003	2004
New patient appointments	2,012	1,987	2,176	2,290	2,562
Review patient appointments	13,552	14,321	15,944	16,092	16,234
Radiotherapy treatments	16,090	16,384	18,056	17,349	18,973
Chemotherapy treatments	4,627	5,614	6,627	6,710	7,986

Radiotherapy treatment Visits by machine type

	2000	2001	2002	2003	2004
Brachytherapy	15	17	19	5	14
Linear Accelerator	15,594	16,035	17,611	16,938	18,332
X-ray	481	332	426	406	627
TOTALS	16,075	16,384	18,056	17,349	18,973

Health Record Activities

	2000	2001	2002	2003	2004
Case registrations	3,974	4,142	4,196	4,336	4,412
Case visits recorded	12,810	13,552	15,489	15,971	15,983
Follow-up reports	12,336	13,312	13,465	13,831	13,603

Screening Program for Breast Cancer Statistics 2000-2004

Centre

	2000	2001	2002	2003	2004
Regina -					
# of mammograms	9,387	9,545	9,000	8,881	9,428
# of abnormals	699	662	688	624	683
# of cancers	49	51	45	53	48
Saskatoon -					
# of mammograms	7,333	7,137	6,876	7,028	7,148
# of abnormals	662	619	622	666	681
# of cancers	45	46	47	35	28
Swift Current -					
# of mammograms	1,349	1,424	1,449	1,434	1,453
# of abnormals	92	83	93	104	102
# of cancers	4	5	9	9	4
North Battleford -					
# of mammograms	1,654	1,537	1,626	1,464	1,573
# of abnormals	153	147	140	135	161
# of cancers	10	17	10	3	2
Yorkton -					
# of mammograms	2,767	2,783	2,360	3,032	2,500
# of abnormals	200	198	149	170	168
# of cancers	11	13	13	18	12
Moose Jaw -					
# of mammograms	2,020	1,886	1,914	1,793	1,738
# of abnormals	143	148	136	125	92
# of cancers	15	13	18	14	9
Prince Albert -					
# of mammograms	2,548	2,427	2,477	2,382	2,778
# of abnormals	247	222	244	209	218
# of cancers	11	17	23	18	11
Mobile -					
# of mammograms	8,312	9,549	8,760	9,632	9,489
# of abnormals	602	608	672	620	638
# of cancers	41	44	47	48	54
Total -					
# of mammograms	35,370	36,288	34,462	35,646	36,107
# of abnormals	2,798	2,687	2,744	2,653	2,743
# of cancers	186	206	212	198	168

RESEARCH PROJECTS

Saskatchewan Cancer Agency Grants (2004-2005)

The Saskatchewan Cancer Agency provided $277,089 in grant money towards the following research projects:

The role of p85 in PDGF receptor down-regulation - Dr. D. Anderson
High level expression of growth factor receptors contribute to the aggressive growth properties of many human cancers. Defects in the receptor down-regulation pathway, responsible for degrading these activated receptors, have been suggested as a possible mechanism giving rise to the elevated growth factor receptor expression. Results from this study may contribute much needed information about the process of receptor down-regulation and may provide the basic understanding required to develop new treatments aimed at reducing receptor expression levels.

Regulation of gene expression by histone deacetylase inhibitors - Dr. K. Bonham
Histone deacetylase (HDAC) inhibitors induce growth arrest, differentiation apoptosis in a variety of cell lines and are currently undergoing clinical trials. The action of HDAC inhibitors can be explained by their ability to induce some genes and repress others at the level of transcription. The genes affected represent a very small subset of expressed genes. The underlying mechanisms regulating this phenomenon are not understood. Clearly though the mediators of this process have great potential clinical relevance since they initiate cell death in a wide variety of cancer cells. This project examines the molecular mechanisms behind HDAC mediated gene regulation. Ultimately this could lead to the identification of new targets for novel drug discovery.

Characterization of the metastatic phenotype in breast cancer - Dr. S. Carlsen
This project involves delineating some of the unique properties of breast cancer cells capable of metastasis. Using a rat breast tumor model system, we have identified a series of genes whose expression is specifically turned off in highly metastatic cells. We have isolated both the rat and human homologues of these genes and are currently investigating the function of these genes. Preliminary evidence suggests that one of these genes is involved in the regulation of expression of other genes, while the other is involved in the regulation of formation of cell surface carbohydrate structures. This research will hopefully provide new information about what causes cancer cells to metastasize.

Leukemia Functional Genomics Group - Dr. J. DeCoteau
The Canadian Foundation for Innovation along with the Government of Saskatchewan and other local partners have provided $1 million for infrastructure support to establish a Leukemia Functional Genomics Group. This grant provides part of the start-up operating costs for this facility which is located in the Cancer Research Unit of the Saskatchewan Cancer Agency.

Combined radiation therapy and dendritic cell vaccine in treatment of well-established tumors - Dr. J. Xiang
The long-term goal of this research is to develop novel immunotherapeutics and strategies to cure human malignancies. One critical challenge in radiation therapy of human tumors is the recurrence of tumor metastasis in remote sites. This study will develop new strategies by combining conventional radiation therapy with the newly developed dendritic cell vaccines in the treatment, in animal model systems, of well-established tumors with early liver metastasis which will mimic the clinical situation. The results from this animal study will be used to develop clinical trials to test the application of these theories in human solid tumors.

External Grants (2004-2005)

Last year research grants worth over $1 million were obtained from local and national agencies to support the following research projects:

The Role of A-Raf in Cell Signaling - Dr. D Anderson
Funded by the National Cancer Institute of Canada-Regional Research Development Program (NCIC-RRDP)

Transcriptional repression of the SRC promoter locus by histone deacetylase inhibitors - Dr. K. Bonham
Funded by the Canadian Institutes of Health Research Regional Partnership Program (CIHR-RPP)

Epigenetic Silencing of Transforming Growth Factor Beta Pathway Genes in Human Acute Leukemia; Principle Investigator - Dr. J. DeCoteau, (Co-Applicants: A. Ross, A. Kusalik)
Funded by the Canadian Institutes of Health Research (CIHR)

Cancer Proteomics Group Facilitation Grant - Drs. DeCoteau and Geyer
Funded by the Saskatchewan Health Research Foundation (SHRF)

Peptide Aptamer-Based Protein Detecting Arrays - Dr. R. Geyer
Funded NSERC

Target validation of Nucleolar Proteins Using Peptide Aptamer Technology - Dr. R Geyer
Funded by the NCIC-RRDP

Using Peptide Aptamers to Analyze Signal Transduction Pathways - Dr. R. Geyer
Funded by the SHRF

N-myristoyltransferase: A Novel Molecular Target for Cancer - Dr. R. Sharma
Funded by the CIHR

Engineering of antibody affinity and immunogenicity under the guidance of a computational model of B72.3/TAG72 complex - Dr. J. Xiang
Funded by the Natural Science and Engineering Research Council (NSERC)

Combined engineered dendritic cell vaccine and low-dose of transgene expression in treatment of well-established tumors - Dr. J. Xiang
Funded by the CIHR

Novel adoptive engineered T cell therapy - Dr. J. Xiang
Funded by the CIHR

Structure/functional analysis of phage-derived molecularly designed loop peptides with affinity for the TAG72 epitope - Dr. J. Xiang
Funded by the CIHR

CLINICAL TRIALS

The following is a listing of clinical trials participation during the reporting period.

Participation in Clinical Trials of the North Central Cancer Treatment Group (NCCTG) and the National Cancer Institute of Canada (NCIC)

For the period April 1, 2004 to March 31, 2005, the Allan Blair Cancer Centre and the Saskatoon Cancer Centre accrued a total of 200 patients in clinical trials. Thirty-nine cancer patients and 12 cancer control patients were accrued in NCCTG clinical trials. One hundred and twenty-one patients were accrued in NCIC clinical trials. Thirteen patients were entered in drug company studies and 15 patients were entered on in-house treatment studies. The Allan Blair Protocol Office was following 500 patients in 69 different studies and had 36 active clinical trials during that time period. The Saskatoon Cancer Centre was following 492 patients in 46 different studies and had 20 active clinical trials.

Participation in Children's Oncology Group (COG)

Regina:

From April 1, 2004 to March 31, 2005, 24 patients were registered with the COG. Five patients were enrolled on therapeutic and 7 patients on biology studies. Three patients, diagnosed in previous years, were enrolled on a COG late effects study. The remaining patients were registered with COG and given standard treatment. We currently have 39 COG protocols open at our centre. Twenty-one patients, diagnosed in previous years, also received chemotherapy during this period. We provided follow-up data on 57 COG patients.

Saskatoon:

Between April 1, 2004 and March 31, 2005, 23 new pediatric cases were seen in Saskatoon Cancer Centre. Of these 23 new patients, 6 were enrolled on Biology Studies, 5 were enrolled in both Biology and therapeutic studies and the remaining 12 patients were registered with COG and given standard treatment. During this time period, 11 new studies were approved and 52 protocols received annual re-approvals; 317 patients are being followed.

Participation in Radiation Therapy Oncology Group (RTOG) Clinical Trials

Regina:

During the reporting period from April 1, 2004 to March 31, 2005, 4 RTOG and 1 in-house clinical trial were active and 8 new patients were enrolled. Sixty-seven patients were being followed up after completion of active treatment.

Saskatoon:

At the Allan Blair Cancer Centre 4 patients were enrolled in RTOG clinical trials and 36 patients were being followed up. Eleven trials were available for accrual.

Provincial Malignant Hematology/Stem Cell Transplant Program Research Unit

The program established a Clinical Research Unit in 2003, and has activated 17 national and international clinical trials as well as several collaborative basic science, translational/clinicopathologic studies. Two multicentre stem cell transplant trials have been authored in Saskatoon; 2 multi-centre trials are in development. To date, 78 patients have been enrolled in clinical trial treatment protocols. The unit is now a leading accrual site for the National Cancer Institute of Canada Clinical Trials Group (22 hematology/transplant patients accrued in 2004-05); a total of 37 patients were accrued to clinical trials in the past fiscal year. The Program also participates in multicentre studies with the Canadian Blood and Marrow Transplant Group as well as through direct collaborations with other hematology/transplant programs throughout Canada.

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SYLVIA FEDORUK PRIZE IN MEDICAL PHYSICS

Dr. Sylvia O. Fedoruk, a Medical Physicist with 35 years of dedicated and distinguished service to the Saskatchewan cancer program, retired in December 1986. On the occasion of Dr. Fedoruk's retirement, the Board of the Saskatchewan Cancer Agency announced the establishment of the Sylvia Fedoruk Prize in Medical Physics in honour and recognition of her contributions to cancer control.

This annual award is presented to the author selected as having published the best paper in Medical Physics in the preceding year and must relate to work carried out within a Canadian institution. An anonymous selection committee, appointed jointly by the Canadian College of Physicists in Medicine and the Canadian Organization of Medical Physics, reviews the entries and recommends the successful candidates.

The award for 2004 was presented to: *P. C. Johns and M. Wismayer*, "Measurement of coherent x-ray scatter form factors for amorphous materials using diffractometers," **Phys. Med. Biol.** 49, pp. 4233-5250 (2004).

Past winners include the following:

1995 *Wei Zhao, John Rowlands*, co-authors of the paper, "X-ray using amorphous selenium: Feasibility of a flat panel self-scanned detector for digital radiology," published in **Medical Physics**.

1996 *Chris Henry, Terry Peters*, co-authors of the paper, "Three-dimensional reconstruction of vascular trees. Theory and methodoloy," published in **Medical Physics**.

1997 *Corey Zankowski, Ervin Podgorsak*, co-authors of the paper, "Calibration of photon and electron beams with an extrapolation chamber," published in **Medical Physics**.

1998 *Robin Kelly, Kevin Jordan, Jerry Battista*, co-authors of the paper, "Optical CT Reconstruction of 3D Dose Distributions using the FBX Gel Dosimete," published in **Medical Physics**.

1999 *Pratondo Busono, Esam Hussein*, co-authors of the article, "Algorithms for density and composition-discrimination imaging for fourth-generation CT system," published in **Physics in Medicine and Biology**.

2000 *Martin Lachain, B. Gino Fallone*, co-authors of the article, "Monte Carlo Simulations of X-ray induced Recombination in Amorphous Selenium," published in **Journal of Physics D: Applied Physics**.

2001 *B.M.C. McCurdy, K. Luchka, and S.Pistorius*, co-authors of the paper, "Dosimetric investigation and portal dose image prediction using an amorphous silicon electronic portal imaging device," published in **Medical Physics**.

2002 *J.H. Siewerdsen, I.A. Cunningham and D.A. Jaffray*, co-authors of the article, "A framework for noise-power spectru analysis of multidimensional images," published in **Medical Physics**.

2003 *Abbas Samani, Jonathan Bishop, Chris Luginbuhl and Donald B. Plewes*. "Measuring the elastic modulusof ex vivo small tissue samples," published in **Physics in Medicine and Biology**, volume 48, pages 2183-2198.

INFORMATION

Public information available:

- Annual Report
- Saskatchewan Cancer Control Report - Profiling Trends in Cancer, 1970-2001
- Saskatchewan Cancer Control Report 2004- Profiling Cancer in Regional Health Authorities
- Saskatchewan Cancer Agency brochures

Saskatchewan Cancer Agency contact numbers:

Head Office (Regina) • 306-585-1831

Allan Blair Cancer Centre (Regina) • 306-766-2213

Regina Cancer Patient Lodge • 306-359-3166

Saskatoon Cancer Centre • 306-655-2662

Saskatoon Cancer Patient Lodge • 306-242-4852

Health Research (Saskatoon) • 306-655-2778

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Screening Program for Breast Cancer

- Ladies of Harley Bike Ride
- Breasts of Friends Cookbooks

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